Revision: HCFA-PM-93-5 (MB)

ATTACHMENT 2.6-A

MAY 1993	Page 22	
State: .	OKIAHOMA	
ation	Condition or Requirement	
	7. Resource Standard - Medically Needy	
	a. Resource standards are based on family six	ze.
1902(a)(10)(C)(i) of the Act	 A single standard is employed in determining resource eligibility for all groups. 	
	c. In 1902(f) States, the resource standards more restrictive than in 7.b. above for	are
	Aged Blind Disabled	
	Supplement 2 to ATTACHMENT 2.6-A specified the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c Supplement 2 so indicates.	
1905(p)(1)(D) and (p)(2)(B) of the Act	 Resource Standard - Qualified Medicare Beneficiaries and Specified Low-Income Medicar Beneficiaries 	re
	For qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act and specified low-income Medicare beneficiaries covered under section 1902(a)(10)(E)(iii) of Act, the resource standard is twice the SSI standard.	
1905(s) of the Act	 Resource Standard - Qualified Disabled and Working Individuals 	
	For qualified disabled and working individual covered under section 1902(a)(10)(E)(ii) of t Act, the resource standard for an individual couple (in the case of an individual with a spouse) is twice the SSI resource standard.	he

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HCFA 179	

Revised 07-01-93 Revised 07-01-93

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tation ___

Condition or Requirement

1902(u) of the Act

10. Excess Resources

Categorically Needy, Qualified Medicare Beneficiaries, Qualified Disabled and Working Individuals, and Specified Low-Income Medicare Beneficiaries

Any excess resources make the individual ineligible.

- b. Categorically Needy Only
 - This State has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources.
- c. Medically Needy

Any excess resources make the individual ineligible.

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IN No. 43-13 Superseder 1-02 Approval IN No. 42-02	Date OCT 2 7 1993	Effective Date JUL 01 1993	
IN No. 42-02			

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State: OKLAHOMA

Citation

Condition or Requirement

42 CFR 435.914

- 11. Effective Date of Eligibility
 - a. Groups Other Than Qualified Medicare Beneficiaries
 - (1) For the prospective period.

Coverage is available for the full month if the following individuals are eligible at any time during the month.

 $\frac{X}{X}$ Aged, blind, disabled. AFDC-related.

Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.

- ___ Aged, blind, disabled.
 __ AFDC-related.
- (2) For the retroactive period.

Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied:

___ Aged, blind, disabled.
___ AFDC-related.

Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied..

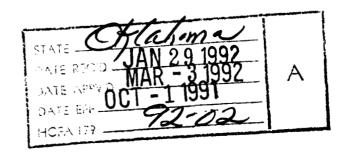
X Aged, blind, disabled.
AFDC-related.

TN No. ______ Approval Date APPROVAL DATE OF THE No.

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OMB No.: 0938-

State: OKLAHOMA

Citation

Condition or Requirement

1920(b)(1) of the Act X (3) For a presumptive eligibility period for pregnant women only.

Coverage is available for ambulatory prenatal care for the period that begins on the date a qualified provider determines that a woman meets any of the income eligibility levels specified in ATTACHMENT 2.6-A of this approved plan and ends on the earlier of the day the State agency makes a determination of eligibility for Medicaid or 45 days after the qualified provider makes the income eligibility determination. The woman must file an application for Medicaid with the State agency within 14 calendar days after the date on which the qualified provider makes the presumptive eligibility determination. Otherwise coverage ends on that 14th day.

1902(e)(8) and 1905(a) of the Act /X/ b. For qualified Medicare beneficiaries defined in section 1905(p)(1) of the Act, coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905(p)(1). The eligibility determination is valid for--

/X/ 12 months

/_/ 6 months

months (no less than 6 months and no more than 12 months)

Revised 10-01-91

TN No.

Supersedes Approval DateMAR - 3 1992
TN No.

Effective DateOCT - 1 1991

HCFA ID: 7985E

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DATE APPVID MAR - 1 1991

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March 1995

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Citation Condition or Requirement Pre-OBRA 93 Transfer of Resources -1902(a)(18) 12. and 1902(f) of Categorically and Medically Needy, Qualified Medicare the Act Beneficiaries, and Qualified Disabled and Working Individuals The agency complies with the provisions of section 1917 of the Act with respect to the transfer of resources. Disposal of resources at less than fair market value affects eliqibility for certain services as detailed in <u>Supplement 9 to Attachment 2.6-A.</u> 1917(c) 13. Transfer of Assets - All eligibility groups The agency complies with the provisions of section 1917(c) of the Act, as enacted by OBRA 93, with regard to the transfer of assets. Disposal of assets at less than fair market value affects eligibility for certain services as detailed in <u>Supplement 9(a) to ATTACHMENT 2.6-A</u>, except in instances where the agency determines that the transfer rules would work an undue hardship. 1917(d) 14. Treatment of Trusts - All eligibility groups The agency complies with the provisions of section 1917(d) of the Act, as amended by OBRA 93, with regard to trusts. The agency uses more restrictive methodologies under section 1902(f) of the Act, and applies those methodologies in dealing with trusts; The agency meets the requirements in section _X_ 1917(d)(f)(B) of the Act for use of Miller trusts. The agency does not count the funds in a trust in any instance where the agency determines that the transfer would work an undue hardship, as described in Supplement 10 to ATTACHMENT 2.6-A. HCFA 179

TN No. Supersed 92-12 Approval Date 6/20/95 Effective Date 1/1/95